	TOWNSEND FIRE-EMS DEPARTMENT **TOWNSEND MA 01469**	**STANDARD OPERATING GUIDELINE** *Title:* **Highly Infectious Patients**	**SOG #:EMS 20-008** **EFFECTIVE DATE: 03/13/2020** **REVISION #:1 03/26/2020** REVISION #2 04/06/2020 REVISION #3 04/10/2020 **AUTHENTICATION:** *Chief Boynton MRB*

OBJECTIVE: To provide guidelines for the response, assessment and transportation of highly infectious patients. This guideline also provides direction for post incident decontamination and monitoring of personnel.

This procedure is meant to be a generic guide to dealing with patients who are potentially highly contagious as directed by State and Federal Guidelines. Specific information of diseases of concern will be included as addendums to the procedure as needed.

I. Point of Entry

In the absence of any specific directives form the OEMS or the Department of Public Health, point of entry for potentially highly infectious patients shall remain nearest appropriate facility.

- If a specific point of entry plan has been implemented due to a specific disease concern, that plan should be followed.
- Ample notice should be given to said facility that a potentially highly infectious patient is enroute to their facility

Response

1. Response to all medical calls especially flu like symptoms, muscle aches, syncope, chest pain, cyanosis, respiratory distress, COPD, altered mental status, sudden loss of hearing or suspected COVID19 cases shall be with Ambulance only to limit responder exposure. Once on scene if additional help is needed it may be requested however personnel exposure shall be limited as indicated in Section II.

2. Personal Protective Equipment (PPE) (as defined in SectionV) should be donned by all personnel making patient contact, and ideally, this should be limited to EMS personnel who will be responsible for providing patient care. PPE shall follow current CDC guidelines (See Section V)

3. Response to patients known to have compromised immune system, over 60 years old or buildings know to contain these patients' gloves and surgical mask shall be worn by emergency personnel to protect the occupants from potential exposure form responders. These locations have been identified in I Am Responding with a Bio Hazard Symbol. If you click on the symbol you will see universal precautions are recommended.

II. Scene Management / Initial Assessment

1. All responders should work to minimize the number of personnel who come in direct contact with the patient in question. In most cases, first responders should defer making patient contact until EMS arrives on scene.
2. If the patient is not reported to be in acute distress, the ambulance crew should designate one EMT to don appropriate PPE, and proceed to make patient contact for an initial interview. A second provider should also put on PPE, in the event that the EMT entering the scene requires immediate assistance. Each EMT should inspect each other for proper donning of PPE.

3. The initial patient assessment in these suspected cases should be an interview, where the EMT is positioned at least 6 feet away from the patient, and so that a direct conversation can occur. There may be situations where the patient has already had an initial screening. The EMT should observe and assess the patient for the following:
    a. Travel and Exposure – Ask the patient if he/she if they have had close contact with anyone with COVID19. In the case of known contact with an infected individual, attempted to determine name, time/date, place and length of contact.
    b. Clinical Assessment/Symptoms – If the patient meets the criteria for inclusion based on his/her exposure, they should be questioned regarding the presence of signs and symptoms of COVID19.

4. Transport Decision – With the guidance of the Department, the EMS personnel on scene should have a clear indication if this patient is still considered at risk as a COVID19 patient. If a COVID19 has been ruled out, then the patient should be treated according to the Statewide Treatment Protocols, appropriate infection control should be maintained, and the patient should be transported to the closest appropriate facility if warranted under the COVID19 Protocol.

If the determination is made by EMS, that the patient meets the criteria for possibly having a COVID19, the situation should be re-assessed for multiple factors with respect to the level of PPE, notification of supervisors, local public health, online medical control, and the receiving hospital.

III. Transport/Treatment

1. Contact with the patient should be kept to a minimum number of providers. Any family members or bystanders at the scene should be separated from the patient, and asked to stay in place until public health authorities can provide additional guidance to other first responders helping manage the scene. The provider entering to assess the patient should bring with them, the cardiac monitor which has been stocked with the minimum supplies along with a glucometer, emesis bag, and a Kenwood portable radio with no lapel mic (this is to prevent unnecessary contamination of our 1st in gear. Medic 1 the procedure will remain the same with the addition of a high risk IV kit. The driver will be responsible to remain uncontaminated to retrieve supplies and medications unless patient condition requires a 2nd paramedic.
2. The patient should be put on a non-rebreather or given a surgical facemask to wear, if they are able to tolerate it. If the patient is vomiting, they should be provided with an emesis bag to help contain any vomitus. At no point should a patient be put on an N95 Mask.
3. If the patient is stable and ambulatory, then the patient should be walked to the ambulance by the EMT who has already made contact and is donned in PPE. Advance notice should be given to any providers outside, so that there is a clear path to the ambulance. If extrication is required, then the minimal number of personnel to safely extricate the patient should be used, and all involved should be donned in appropriate PPE.
4. If the patient is in need of advanced level of care such as intubation, rescue breathing, nebulizer treatment, CPAP or CPR all protective clothing indicated in Section V including N95 mask shall be worn by all personnel coming within 6 feet of the patient. Nebulizer and CPAP treatments should be delayed if possible but not withheld. If given during transport they must be discontinued before entering the emergency room.
5. Notification to the receiving facility should be made through the applicable CMED. At the same time, online medical control should be provided with the details of the patient's condition, and EMS should ask for guidance to determine if high-risk procedures (IV access, suctioning, and/or airway management) are appropriate in the pre-hospital setting.
6. Statewide Treatment Protocols: Patients requiring nebulizer treatment that can't be delayed paramedics should consider IM epinephrine. Deviation from the Statewide Treatment Protocols (i.e. withholding ALS procedures) is permissible **only** in consultation with online medical control. EMS is encouraged to call medical control for guidance if assessment and consultation with DPH indicate this as a suspected highly infectious case.

7. The patient compartment should be separated from the cab of the ambulance using door and/or window separators. If the patient can be effectively managed by one EMT with the patient, then personnel traveling in the ambulance should be limited to that EMT, and an EMT driving. The Department does not recommend draping the patient compartment in plastic as this can increase exposure upon removing the plastic.
8. The appropriate transport destination should be in accordance with the Department's Statewide Point of Entry Plan for Appropriate Health Care Facility Destination Based on Patient's Specific Condition and Need.
9. If Additional personnel are needed at the hospital they will follow the ambulance to the destination facility in a separate vehicle. In addition to assisting in the interaction with hospital staff, additional personnel will maybe necessary in the doffing of PPE and decontamination process of the ambulance. Personnel assisting with doffing PPE and decontamination should don appropriate PPE.
10. All PPE should be discarded at the hospital in the appropriate receptacle unless the patient is to remain on scene.Then it should be placed in the biohazard bag provided in the cardboard box and placed in the proper receptacle in the mechanic's room at HQ.

IV. Post Transport Considerations

1. EMS is to decontaminate the ambulance in accordance with the CDC's recommendations, as outlined in their disease specific guidelines and in conjunction with the Service's routine decontamination practices. Ideally, the initial decontamination should occur on-site at the drop-off facility.
    a. Decontamination shall include, but not be limited to:
        i. Leave rear doors of ambulance open while delivering patient to ER.
        ii. Removal of all linen from Cot
        iii. Clean up of all grossly contaminated surfaces
        iv. When a confirmed or suspected COVID-19 patient is transported in the primary ambulance, the back-up ambulance will be switched to primary while the contaminated ambulance is sanitized.
        v. Spray or wipe down of all exposed interior and cot surfaces with one of the following:
            1. Cavicide spray
            2. Bleach Solution (Premixed spray bottles
            3. Disinfectant wipes.
            4. All Surfaces should be sprayed and allowed to air dry. Contact time at a minimum shall be 10 minutes
    b. Further "disease" specific decontamination procedures will be noted as needed.
2. Follow up should also be coordinated with DPH, local public health, and other public safety partners who were involved in the initial response.
    a. ALL Personnel (Including PD and other 1st Responders) shall be documented in the PCR
        i. Any Personnel experiencing an **UNPROTECTED EXPOSURE** shall follow normal Unprotected Exposure protocols and follow the Direction of the DPH Epidemiologist
        ii. If there is any need for personal Decontamination, use the showers located at the central fire station.
        iii. Contaminated clothes shall bag their clothing and wash separately at the central fire station as soon as possible after returning to the Station.

b. Personnel required to be under **quarantine**, based on the direction of State or Federal Authorities shall be considered under the provisions of Ch.111F while under said quarantine.

V. Personal Protective Equipment (PPE)

a. PPE for all medical calls will be gloves and surgical mask until further notice.
b. PPE to COVID19 patients and suspected COVID19 patient with the symptoms described above shall be:
    i. Disposable gown
    ii. Regular surgical face mask; Eye Protection OR combined face mask/EyePro
    iii. Two pair of disposable gloves
c. **PPE for Covide 19 or suspected COVID19 patients needing advanced care such as airway management, nebulizer treatment, CPAP or CPR or anytime the crew feels it is necessary shall done N95 mask in addition to the PPE described above.**
d. Carboard boxes have been placed in each of the ambulances with multiple sets of PPE and a biohazard bag. In the box are two sizes of gown suits 2xl (fits Xl and down providers) and 4xl (fits 2xl and up providers), N95 masks and small burger boxes to reuse N95 masks that have not been grossly contaminated.
e. Storage of N95 masks that are being saved for reuse shall be place in the burger box as described above and stored in the two door Sterlite cabinet located in the apparatus bay near the EMS storage room that is labeled N95 storage.
f. **Additional Resources** CDC Guidance on Personal Protective Equipment

END